

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

VERIFICATION OF CHILD SUPPORT INCOME

*AREAS FOR EI USE ONLY

*CASE NO. _____

*EI NAME _____

*PHONE NO. _____

*DATE _____

Dear _____

We are in the process of verifying your child support payments. **THIS IS NOT A REQUEST FOR CHILD SUPPORT, ONLY A VERIFICATION OF INCOME FOR:**

*CLIENT'S NAME (*Last, First, M.I.*) _____

Even if you are currently unable to pay child support, answer the questions and complete the information below prior to returning this form. A self-addressed, stamped envelope is enclosed for your convenience. If you have any questions, feel free to call me at the phone number shown above.

1. ☐ Yes ☐ No Did you pay child support in the month(s) listed below? If yes, indicate the amount and date paid.

CHILD'S NAME	*MONTH	AMOUNT PAID	DATE PAID
		\$	
		\$	
		\$	
		\$	
		\$	

Forward copies of receipts for child support you have paid.

2. ☐ Yes ☐ No Do you pay child support through the court? If yes, complete below.

COURT NAME	COURT ORDER NO.
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3. ☐ Yes ☐ No Do you pay **ANY** expenses such as medical insurance, rent, or utilities for this household?
If yes, complete below.

TYPE OF EXPENSE	DATE PAID	AMOUNT PAID	PAID TO
		\$	
		\$	
		\$	
		\$	

ABSENT PARENT'S SIGNATURE	PHONE NO.	DATE
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Routing: Original – absent parent; Canary – case record (*until the original is returned*).

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